



APPLICATION DATA SHEET

Application Information

Application Number:: 10/719063
Filing Date:: 11/24/03
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CFR)?::
Number of Copies of CFR::
Title:: CAPTURING DEVICE FOR INSECTS
Attorney Docket Number:: 36729-198472
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: USA
Country:: USA
Status:: Full Capacity
Given Name:: David
Middle Name:: W.
Family Name:: Nelson
Name Suffix::
City of Residence:: Asheville
State or Province of Residence:: NC
Country of Residence:: USA
Street of Mailing Address:: 135 Pine Street
City of Mailing Address:: Asheville
State or Province of Mailing Address:: NC
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 28801

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Applicant Authority Type:: Inventor

Primary Citizenship::

Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Correspondence Information

Correspondence Customer **26694**
Number::

Phone Number:: **202 344 8000**

Fax Number:: **202 344 4800**

E-Mail Address:: **acaitken@venable.com**

Representative Information

Representative Customer **26694**
Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/652,235<u>357</u>	8/22/00
09/652,235 <u>357</u>	Continuation of	09/246,543	2/8/99
09/246,543	Continuation of	08/832,384	4/2/97
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::